

| POSITION                  | INITIALS | ID NO.    | DATE        |
|---------------------------|----------|-----------|-------------|
| FEE DETERMINATION         |          |           |             |
| O.I.P.E. CLASSIFIER       | <i>W</i> | <i>45</i> | <i>2/14</i> |
| FORMALITY REVIEW          |          |           |             |
| RESPONSE FORMALITY REVIEW |          |           |             |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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